PLEASE TYPE OF	RPRINT	Entered	previous	May Show
[] A4-		×	yes [no
☐ Ms. ☐ Mr. Artist ☐	Jary .	Jo	Bol	e
Permanent Address 103	15 CI	iff]	Oriu	Name Last)
44102 Street	Tel. (2/6)	651	3058	20146 QA
Zip	Area Code			
Temporary or Studio Address 44	8 N.M	lain	A	Fred
14802 Stre	Tel. (67	587	8023	City N.
Zip	Area Code			
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O allaha makam				
Collaborator	(If Any)			
If May Show entrie		nted or n	ot sold:	
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☐ Museum should	i snip to artis	t G.O.D. a	it this add	ress:
Consist Instructions	1			
Special Instructions				

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

DO NOT DETACH

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Many Jo Kole

	ENTRY BLAN	KS									
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`	CLAY · RAKU										
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